

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/009622

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/	/	/		
2	/	/	/	/		
3	/	/	/	/		
4	/	/	/	/		
5	/	/	/	/		
6	/	/	/	/		
7	/	/	/	/		
8	/	/	/	/		
9	/	/	/	/		
10	/	/	/	/		
11	/	/	/	/		
12	/	/	/	/		
13	/	/	/	/		
14	/	/	/	/		
15	/	/	/	/		
16	/	/	/	/		
17	/	/	/	/		
18	/	/	/	/		
19	/	/	/	/		
20	/	/	/	/		
21	/	/	/	/		
22	/	/	/	/		
23	/	/	/	/		
24	/	/	/	/	/	/
25	/	/	/	/	/	/
26	/	/	/	/	/	/
27	/	/	/	/	/	/
28	/	/	/	/	/	/
29	/	/	/	/	/	/
30	/	/	/	/	/	/
31	/	/	/	/	/	/
32	/	/	/	/	/	/
33	/	/	/	/	/	/
34	/	/	/	/	/	/
35	/	/	/	/	/	/
36	/	/	/	/	/	/
37	/	/	/	/	/	/
38	/	/	/	/	/	/
39	/	/	/	/	/	/
40	/	/	/	/	/	/
41	/	/	/	/	/	/
42	/	/	/	/	/	/
43	/	/	/	/	/	/
44	/	/	/	/	/	/
45	/	/	/	/	/	/
46	/	/	/	/	/	/
47	/	/	/	/	/	/
48	/	/	/	/	/	/
49	/	/	/	/	/	/
50	/	/	/	/	/	/
TOTAL IND.	/	↓	/	↓	/	↓
TOTAL DEP.	/	↓	/	↓	/	↓
TOTAL CLAIMS	14		23		11	

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS